

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025333

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **918**

Primary Registration District No. **1003**

Registrar's No. **5847**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 18 1962**

VS 300	DATE AMENDED
Rev. 4/59	
1	
2 <i>2/1</i>	
3	
4 <i>3</i>	
5 <i>1</i>	
6	
7 <i>1</i>	
8 <i>2</i>	
9	
10	
11	
12 <i>57-0</i>	
13	
<i>57</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>		d. STREET ADDRESS <b>1916 Cora</b>	
3. NAME OF DECEASED (Type or print) First <b>SELENA</b> Middle <b>WILFONG</b> Last		4. DATE OF DEATH Month <b>6</b> Day <b>10</b> Year <b>62</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH (Age, last birthday) <b>7-22-? above 56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Union, S. C.</b>
13a. FATHER'S NAME <b>Starling Parham</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>George Wilfong</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Emma Wilkins-1916 Cora</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Nephritis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension, Diabetes Mel</b> DUE TO (c) <b>592X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b> <b>2 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>May 27, 62</b> to <b>June 10</b> and last saw her alive on <b>June 10, 62</b> Death occurred at <b>3:45</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Walter A. Younce M.D.</b>		22b. ADDRESS <b>4635 Easton St Louis Mo</b>	22c. DATE SIGNED <b>6/11/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>June 14, 62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>(Shipped by train to</b>	23d. LOCATION (City, town, or county) (State) <b>Spartanburg, S. C.</b>
24. FUNERAL DIRECTOR <b>Charles Gates 4107 Finney</b>		25. DATE RECD. BY LOCAL REG. <b>JUNE 12, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Loard Smith. M.D.</b>

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Raymond Dickson, Student Embalmer No. 665

working under my personal supervision.

Student Raymond Dickson Signed Leighton Swann  
Signature of Student Embalmer

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.